

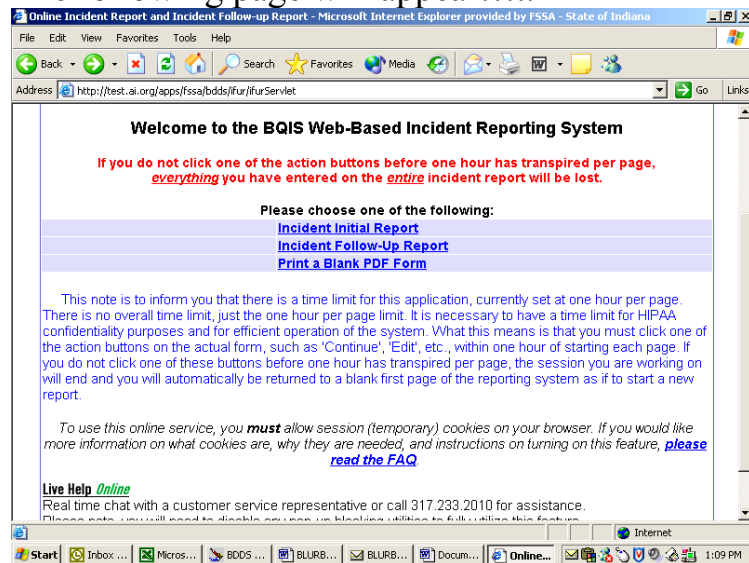
BQIS Web-Based Incident Reporting System

02/01/2005

General Instructions

Open your internet browser and enter https://secure.in.gov/serv/fssa_ifur
(Note that there is an underscore between “fssa” and “ifur”. Save this internet address as a “Favorite” for easy access in the future.)

The following page will appear.....



Take time to read the instructions on time limits and “cookies”. Note that there is a one hour per-page time limit. There is no overall time limit, just the one hour per page limit. This is necessary for HIPPA purposes and for efficient operation of the system. In, short, you must click one of the action buttons on the actual form, such as 'Continue', 'Edit', etc., within one hour of starting each page. If you do not click one of these buttons before one hour has transpired per page, the session you are working on will end and you will automatically be returned to a blank first page of the reporting system as if to start a new report.

To use this online service, you **must** allow session (temporary) cookies on your browser. If you would like more information on what cookies are, there is a link on the first web page.

There are many things that can affect the speed and performance of any web-based system. Please note that BQIS has no control over these factors. If you are experiencing extremely slow page-loading or are being cut-off prior to the one hour per page time limit, you might want to contact **AccessIndiana** at 317-233-2010 for assistance.

To File an Incident Report

Click on the Incident Initial Report selection at the middle of the page. This will take you to the **Consumer Information** page:

Online Incident Report and Incident Follow-up Report - Microsoft Internet Explorer provided by FSSA - State of Indiana

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Incident Initial Report

Consumer Information

IT IS IMPERATIVE THAT YOU ARE ON EACH PAGE FOR LESS THAN ONE HOUR.

Consumer Information

Social Security Number:

First Name: Last Name:

Address: City:

State: Zip code:

DOB: (mm/dd/yyyy) County:

Gender: ☐ M ☐ F

Primary Funding Source:

Indicate which of the following agencies and individuals have been informed:

APS/CPS: Name:

Date:

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Fill in the blanks and make choices from the drop-down menus. Be sure to scroll through the entire page to make sure you address all requested information. Dates must be entered in mm/dd/yyyy format. If a mandatory field is not completed the system will prompt you to enter the necessary information before it allows you to proceed to the next page. Pages must be completed in sequential order. When you have completed the page, you will have the option to “Remove this Consumer”, “Add Additional Consumer(s), or “Add Associated Person”. To enter an additional consumer, or associated persons, click on the appropriate choice at the bottom of the **Consumer Information** page.

Online Incident Report and Incident Follow-up Report - Microsoft Internet Explorer provided by FSSA - State of Indiana

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Police: N/A Date:
 Coroner: N/A Name:
 Date:

Individual supervising at time of incident: XXXXX
 Responsible Supervisory provider: 00 TEST DELETE ME

Associated Person
 Social Security Number:
 First Name: Last Name:
 Address: City:
 State: Zip code:
 Age:
 Employer: Gender: M F
 Relationship to subject: Please select one

Cancel Report Continue Report

Start Inbox - Mic... Microsoft Ex... BDDS DART Document1 -... Online Incid... 1:54 PM

Complete the blank portions of the form and then click on Continue Report.

If you do not need to add additional persons, click on “Continue Report” at the bottom right hand corner of the **Consumer Information** page. This will take you to the **Incident Information** page:

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Incident Information

IT IS IMPERATIVE THAT YOU ARE ON EACH PAGE FOR LESS THAN ONE HOUR.

Consumer Name

Report Person - Reporting Agency
 First Name: Last Name:
 Position:
 Phone #: Extension:
 Reporting Agency: Please select one
 Date of Report: 12/08/2004
 E-mail Address:

Incident Information
 Incident Date: (mm/dd/yyyy) Time: (hh:mm am/pm)
 Where occurred: Please select one
 Other(explain):

Is this Incident regarding:

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Fill in the requested information, scrolling through the entire page. If the incident involves the death of the consumer or administration of a PRN medication, the following pages will be modified to gather the information specific to these types of incidents. When finished with the Incident Information page, click the Continue Report button to advance to the **Incident Narrative Information** page.

Online Incident Report and Incident Follow-up Report - Microsoft Internet Explorer provided by FSSA - State of Indiana

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Incident Information

Incident Date: 12/07/2004 Time: 12:12 AM

Where occurred: HOME, OWN

Other(explain):

Is this incident regarding:

the Death of this consumer? NO

a PRN that was administered to this consumer? NO

NONE of the above YES

Describe the Incident:

Action taken after Incident:

Cancel Report Edit Incident Information Preview Report

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Information you have already entered will auto-fill most of the page. This information cannot be edited on this page, but you will have the opportunity to change this information later.

Complete the “Describe the Incident” and “Action taken after the Incident” boxes. These will expand as text is added. **Do not use your BACK button after you have entered information on this page as your work on this page will be lost.**

At the completion of this page, you will have three choices: Cancel Report, Edit Incident Information, and Preview Report. Clicking Edit Incident Information will give you the opportunity to make changes to the **Incident Information** and **Incident Narrative Information** pages.

Once you have completed the Report, choose **Preview Report**. This will show you all the information you are submitting.

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Incident Initial Report Preview

IT IS IMPERATIVE THAT YOU ARE ON EACH PAGE FOR LESS THAN ONE HOUR.

Please check all data fields for accuracy. Click on the "Submit Incident Initial Report" button to send the Incident Initial Report to the DDARS Central Office. Click on "Edit Incident Narrative Information" button to make any needed change.

Consumer Information

Social Security Number: 987-65-4321

First Name: John Last Name: Doe

Address: 123 Main Street City: Capitol

State: IN Zip code: 46123

DOB: 01/01/1985 County: BENTON

Gender: Male

Primary Funding Source: SLI RESIDENTIAL

The following agencies and individuals have been informed:

APS/CPS: N/A Name: Date:

RES. Provider: Yes

HAB/VOC Provider: N/A

Other Provider: N/A

Legal guardian: N/A Name: Date:

Submit Incident Initial Report Edit Incident Narrative Information

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Responsible Supervisory provider:

Report Person - Reporting Agency	
First Name: Michael	Last Name: Manager
Position: Residential Supervisor	
Phone #: 812-555-5555	Extension: 456
Reporting Agency: A HYPOTHETICAL PROVIDER	
Date of Report: 12/08/2004	
E-mail Address: abc@def.com	

Incident Information	
Incident Date: 12/08/2004	Time: 10:00 AM
Where occurred: HOME, OWN	
Other(explain):	

Is this Incident regarding:	
the Death of this consumer?	NO
a PRN that was administered to this consumer?	NO
NONE of the above	YES

Narrative: Details - DEATH	
1. Date of Death:	Time Of Death:
2. Place Of Death:	
Other Setting (please explain):	
3. Circumstances immediately preceding the death, IF KNOWN:	

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Narrative: Details - PRN

- Length of time the targeted behavior lasted:
- Description of what precipitated the targeted behavior:
- Description of what efforts and/or activities were used and/or attempted to stop the behavior prior to the use of the PRN. For PRN's used before medical / dental procedures, description of the desensitization plan that is in place. Please Note: Even when a PRN has been approved by the guardian, physician, Human Rights Committee, IDT, etc., and/or is in the consumer's BSP, this information is still mandatory to process this incident initial report.
- State the criteria for the use of a PRN:
- PRN protocol (notification process, approval process, name and title of staff approving what medication and dosage):
- Date / Time of prior PRN:

Incident Description:
Test Report

Action taken after Incident:
Test Report

Cancel Report | Edit Incident Narrative Information | Submit Incident Initial Report

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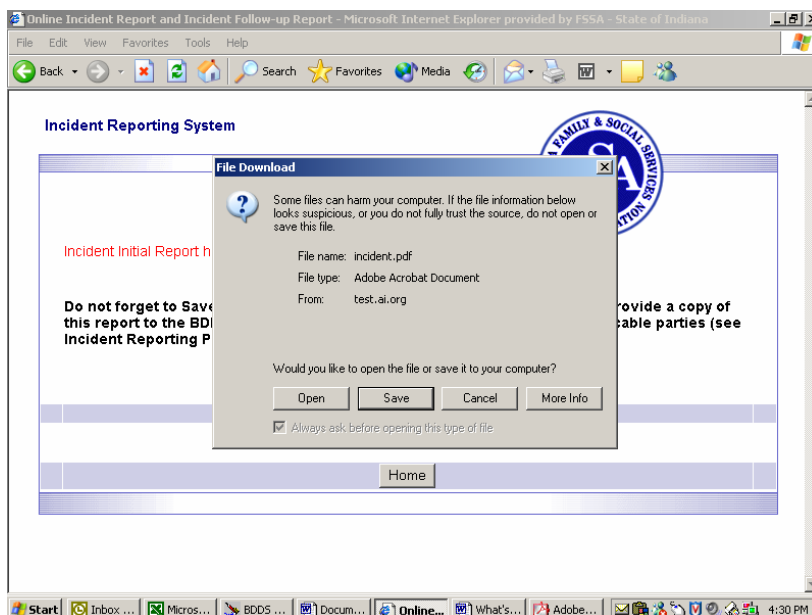
At this point you again have the option of canceling the report, editing the information, or submitting the report. To submit the report to BQIS, click on the Submit Incident Initial Report button.

You will forward to the submission verification screen...



To print a hard copy of the report, click on Save/Print Hardcopy. This will give you a File Download box. Click Save. This will convert the web file to PDF format in Adobe Acrobat and allow you to save and print the report.

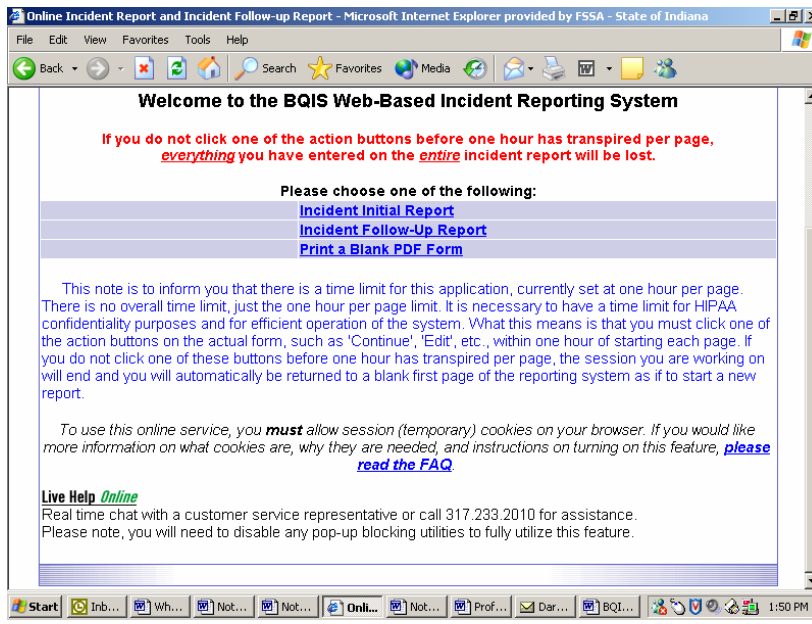
The BQIS Online Incident Reporting program does not maintain incident reports online or on your PC. If a report has been submitted to BQIS and you have not followed these procedures, there is no way to retrieve it.



To File a Follow-up Incident Report

See the **General Instructions** section at the beginning of this document to get to the Welcome/Menu page.

Click on Incident Follow-up Report.



This will take you to the Follow-up Report Screen.

The screenshot shows the 'Incident Follow-Up Report' form. The browser window title is 'Online Incident Report and Incident Follow-up Report - Microsoft Internet Explorer provided by FSSA - State of Indiana'. The page features the 'Incident Reporting System' header and the 'FSSA' logo (Indiana Family & Social Services Administration). A red warning states: 'IT IS IMPERATIVE THAT YOU ARE ON EACH PAGE FOR LESS THAN ONE HOUR.' The form includes input fields for 'First Name', 'Last Name', 'SSN', 'Incident Number', and 'Incident Date' (with a '(mm/dd/yyyy)' format hint). Below these is a section titled 'Narrative Details' with a prompt: 'Describe investigation into the incident and/or all other follow-up actions taken:'. The form is displayed in a table-like structure with a large text area for the narrative.

(Shown in two parts – top and bottom)

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If abuse, neglect or exploitation was reported, was the abuse, neglect or exploitation substantiated by the entity responsible for follow-up? [N/A]

Name of Person Submitting Report: [] Title of Person Submitting Report: []

Agency Submitting Report: [Please select one] Designee: [Yes]

Date Report Submitted: 12/09/2004

Telephone Number of Person Submitting Report: [] Email Address of Person Submitting Report: []

When a Case Manager designee or OMRP designee completes a follow-up report, the Case Manager designee or OMRP designee must indicate that the supervising OMRP has reviewed and approved submission of the follow-up report to BQIS, by completing the follow-up information.

This incident follow-up has been reviewed with and approved for submission to BQIS by:

Name: [] Title: []

Date: [] (mm/dd/yyyy)

Cancel Report Preview Report

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Fill in the white boxes and make choices from the drop-down boxes as appropriate. You will need the Incident Report Number. This is now included in the e-mail response you receive from BQIS upon receipt of the Initial Incident Report.

All fields must be filled in. You will not be able to preview or submit the report until all fields are completed.

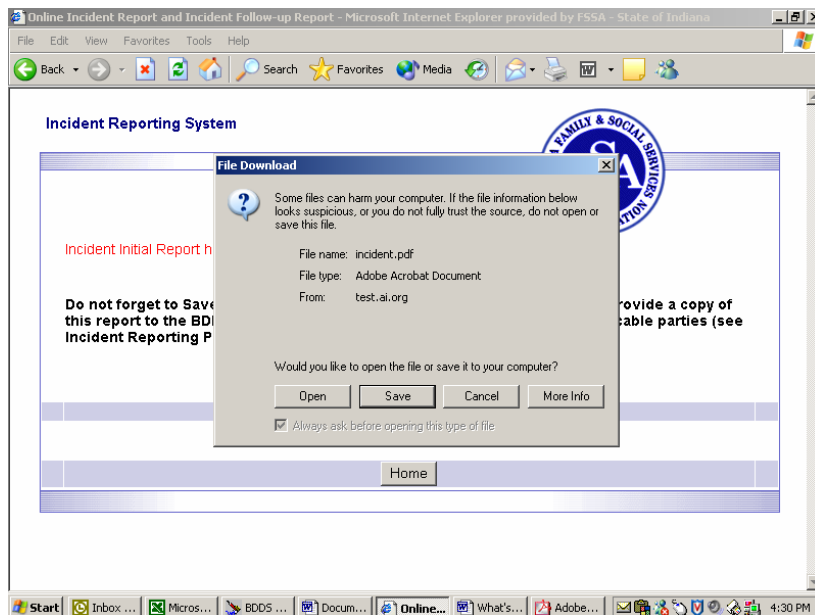
At the end of the page you will have the opportunity to Cancel Report or Preview Report. The Preview page will allow you to look at all of the information you have entered. If you need to change any of the information, click Edit Incident Follow-Up. This will return you to the **Incident Follow-Up Report** page where you can make corrections.

When your information is correct, choose the Preview Report option to review your entries. From here you will be able to submit the report by clicking on the Submit Incident Follow-up Report button at the bottom right hand corner of the page. You can only submit the report from the **Preview** page.

If the submission was successful, you will be forwarded to the following page:



To print a hard copy of the report, click on Save/Print Hardcopy. This will give you a File Download box. Click Save. This will convert the web file to PDF format in Adobe Acrobat and allow you to save and print the report.



Once the file has been saved, it can be e-mailed, printed or stored, just as any other file or document.

The BQIS Online Incident Reporting program does not maintain incident reports online or on your PC. If a report has been submitted and you have not followed these procedures, there is no way to retrieve it.